



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number <b>1699704</b>		2. Exact name of the Corporation <b>SAR DEVELOPMENT, INC.</b>			
3. Principal Office Address <b>3 GREENOUGH PL</b>			City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
4. NAICS Code <b>541990</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE MANAGEMENT CONSULTING</b>			
5. State of Incorporation <b>Massachusetts</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SCOTT ROBINS</b>			Vice-President Name <b>SCOTT ROBINS</b>		
Street Address <b>3 GREENOUGH PL</b>			Street Address <b>3 GREENOUGH PL</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>SCOTT ROBINS</b>			Treasurer Name <b>SCOTT ROBINS</b>		
Street Address <b>3 GREENOUGH PL</b>			Street Address <b>3 GREENOUGH PL</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100	100	1
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative <b>SCOTT ROBINS</b>				Date <b>MARCH 15, 2024</b>	
Signature of Authorized Representative <i>Scott Robins</i>					

FILED

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02903

Phone: (401) 222-3040

Website: www.sos.ri.gov

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